

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90150 032 ***550.00

DOCUMENT # P98000023554

1. Entity Name
ASIAN HEALTH TRADITIONS, INC.

Principal Place of Business

**3212 NE 32ND ST.
 GALT OCEAN VILLAGE
 FT. LAUDERDALE FL 33306**

Mailing Address

**3212 NE 32ND ST.
 GALT OCEAN VILLAGE
 FT. LAUDERDALE FL 33306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0825865

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, SUSAN M SEC
 3212 NE 32ND ST
 FT. LAUDERDALE FL 33306**

Name **WALTER A YOUNG**

Street Address (P.O. Box Number is Not Acceptable)

2617 NE 27th WAY

City **FT. LAUDERDALE**

FL

Zip Code **33306**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **WALTER YOUNG President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/16/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **YOUNG, WALTER**
 STREET ADDRESS **2617 NE 27 WAY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **~~President~~ President** ☐ Change ☐ Addition
 NAME **YOUNG, WALTER**
 STREET ADDRESS **2617 NE 27th WAY**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33306** **Same**

TITLE **S** ☒ Delete
 NAME **MITCHELL, SUSAN A**
 STREET ADDRESS **10891 ANGEL WING DR.**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **J. Mitchell Pruett**
 STREET ADDRESS **2617 NE 27th WAY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WALTER A YOUNG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01 954-566-5202

Date Daytime Phone #

CR2E034 (5/01)